



County of Santa Cruz

0161

HUMAN RESOURCES AGENCY

CECILIA ESPINOLA, ADMINISTRATOR

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 454-4130 OR 454-4045 FAX: (408) 454-4642

April 21, 2000

Agenda: May 9, 2000

BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, CA 95060

AMENDMENT TO AGREEMENT ANSWERS BENEFITING CHILDREN PROGRAM

Dear Members of the Board:

The Human Resources Agency administers a two-year contract with Santa Cruz Community Counseling Center (SCCCC) to coordinate planning and direct services for the Answers Benefiting Children (ABC) program. As part of the collaborative design of ABC, SCCC contracts with several other community based organizations to deliver the range of ABC services at the Watsonville Family Resource Center. As you will recall, ABC services include intensive home visiting to families with young children, center-based activities and child abuse treatment services. ABC is funded by a grant from the Office of Child Abuse Prevention and the Governor's Office of Criminal Justice Planning, as well as a mix of state, federal and local cash and in-kind resources. The purpose of this letter is to request your Board's approval of an amendment to the SCCC contract. The attached amendment would add \$10,000 in federal TANF incentive funds to the first year budget (FY 99/00). Funds will be used for ABC staff training, program supplies and materials. This amendment will result in no additional cost to the county.

IT IS THEREFORE RECOMMENDED that your Board approve the amendment to the agreement with Santa Cruz Community Counseling Center for the Answers Benefiting Children program.

Very truly yours,

CECILIA ESPINOLA

Administrator

CE/MS\:\hra\board\ABC-amend#1SCCCC.doc

BOARD OF SUPERVISORS
Agenda: May 9, 2000
Amendment to ABC Agreement

2

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
County Counsel
Auditor-Controller
Santa Cruz Community Counseling Center

BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted:

RESOLUTION ACCEPTING UNANTICIPATED REVENUE

WHEREAS, the County of Santa Cruz is a recipient of funds from Calif-Dent
of Social Services for Federal TANF Incentive Program; and

WHEREAS, the County is recipient of funds in the amount of \$ 10,000
which are either in excess of **those anticipated** or are not specifically set
forth in the current fiscal year budget of the County; and

WHEREAS, pursuant to Government Code Section 29130(c)/29064(b), such funds
may be made available for specific appropriation by a four-fifths vote of
the Board of Supervisors;

NOW, THEREFORE, BE IT **RESOLVED AND ORDERED** that the Santa Cruz County
Auditor-Controller accept funds in the amount of \$ 10,000 t o

Department HRA - Social Services

<u>T/C</u>	<u>Index Number</u>	<u>Revenue Subobject Number</u>	<u>Account Name</u>	<u>Amount</u>
001	392100	0932	Fed-CalWORKs	10,000

and that such funds be and are hereby appropriated as follows:

<u>T/C</u>	<u>Index Number</u>	<u>Expenditure Subobject Number</u>	<u>PRJ/UCD</u>	<u>Account Name</u>	<u>Amount</u>
021	392100	5178		Contrib fr Feds	10,000

DEPARTMENT HEAD I hereby certify that the fiscal provisions have been
researched and that the Revenue(s) (has been) ~~(will be)~~ received within the
current fiscal year.

By *He Anne Alena*
Department Head

Date 5/25/00 4/14/00

COUNTY ADMINISTRATIVE OFFICER

MS

Recommended to Board

Not Recommended to Board

PASSED AND ADOPTED by the Board of Supervisors **Of the County of Santa Cruz,**
State of California, this _____ day of _____
by the following vote (requires four-fifths ~~vote for approval~~): 19 _____

AYES: SUPERVISORS

NOES: SUPERVISORS

ABSENT: SUPERVISORS

chairperson of the Board

ATTEST:

Clerk of the Board

APPROVED AS TO FORM:

[Signature]

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

[Signature] 4/26.00

Auditor-Controller

Distribution:

- Auditor-Controller
- County Council
- County Administrative Officer
- Originating Department

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

0165

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: Human Resources Agency (Dept.)
[Signature] (Signature) 4/14/00 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- Said agreement is between the County of Santa Cruz Human Resources Agency (Agency) and Santa Cruz Community Counseling Center, 195 Harvey West Blvd, Santa Cruz (Name & Address)
- The agreement will provide project coordination and direct services to families and children to continue the ABC project
- The agreement is needed to Amend contract increasing TANF incentive funding PIN code 090032
- Period of the agreement is from 7/1/99 to 6/30/00
- Anticipated cost is \$ 235,174 (increase of \$10,000) (Fixed amount, Monthly rate; Not to exceed)
- Remarks: Contract term: 7/1/99-6/30/01 Amendment #1 increasing FY99-00 by \$10,000
- Appropriations are budgeted in 392100 (Index#) 5178 (Subsubject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. * Contract No. 91916-02 Date 4/26/00
are not available and will be encumbered. *
* SUBJECT TO APPROVAL OF ATTACHED AUD-60
GARY A. KNUTSON, Auditor - Controller
BY [Signature] Deputy

Proposal reviewed and approved, It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the Human Resources Agency (Agency).
County Administrative Officer

Remarks: [Signature] (Analyst) By [Signature] Date 4/26/00
Agreement approved as to form. Date _____

- Distribution:
- Bd. of Supv. - White
 - Auditor-Controller - Blue
 - County Counsel - Green *
 - Co. Admin. Officer - Canary
 - Auditor-Controller - Pink
 - Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
19 --- BY _____ Deputy Clerk

27


COUNTY OF SANTA CRUZ

DATED: _____

By: _____
Human Resources Agency Administrator

CONTRACTOR

DATED: 4/10 / 00

By: 

Contractor's Authorized Representative
Terry Moriarty, Executive Director

Typed Name/Title
Santa Cruz Community Counseling Center

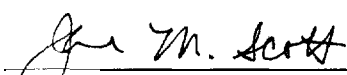
Organization
19 A Harvey West Blvd.

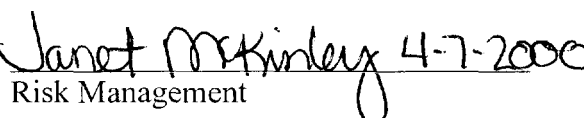
Address
Santa Cruz, CA 96060

City State Zip
(83 1) 469 - 1 700

Phone
23-727290

Tax ID #

APPROVED AS TO FORM:

County Counsel

APPROVED AS TO INSURANCES:
 4-7-2000
Risk Management

Distribution: Auditor-Controller
Contractor

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**EXHIBIT A
FY 1999/2000 BUDGET
Amendment #1**

0168

Agency: Santa Cruz Community Counseling Center

Program: Answers Benefiting Children Project

**Total Approved
County Budget
FY 99/00**

<u>SALARIES/BENEFITS</u>	
Basic Account Codes:	
7000 Salaries Total	57,601
7 100 Employee Health/Retirement	3,823
7200 Payroll Taxes	5,614
TOTAL SALARIES/BENEFITS:	67,038
<u>SERVICES/SUPPLIES</u>	
8000 Professional Fees: Audit	
80 IO Indep. Prof. Consultants	75,830
8 100 Supplies	41,448
8200 Telephone	2,339
8300 Postage & Shipping	1,237
8400 Occupancy Total	0
8500 Rent/Maintenance of Equip.	7,977
8600 Printing & Publications	3,281
8700 Travel & Transportation	3,956
8800 Conferences/Meetings	
8900 Assistance to Individ.	2,025
9000 Membership Dues	0
9 100 Awards and Grants	0
9200 Interest Expense	0
9300 Insurance/Bond	0
9400 Miscellaneous	5,960
9600 Dist. of Program Costs	24,083
9691 Payment/Affiliated Orgs.	
TOTAL SERVICES/SUPPLIES:	168,136
GRAND TOTAL EXPENSES:	235,174

1) Please fill out this page for each program funded separately by the County. 2) For classification of basic account codes, refer to: Accounting & Financial Reporting: A Guide for United Way and Not-for-Profit Human Service Organizations, revised Second Edition, March 1989.

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County of Santa Cruz

0161

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(408) 454-4130 OR 454-4045 FAX: (408) 454-4642

April 21, 2000

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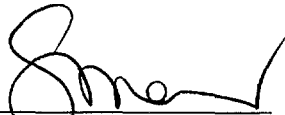
Administrator

CE/MS\:\hra\board\ABC-amend#1SCCCC.doc

BOARD OF SUPERVISORS
Agenda: May 9, 2000
Amendment to ABC Agreement

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Auditor-Controller
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Date 5/25/00 4/14/00

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chairperson of the Board

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Clerk of the Board

APPROVED AS TO FORM:

[Signature]

County Counsel

APPROVED AS TO ACCOUNTING DETAIL:

[Signature] 4/26.00

Auditor-Controller

Distribution:

- Auditor-Controller
- County Council
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- Originating Department

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

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County Counsel
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County of Santa Cruz) ss
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in the minutes of said Board on _____ County Administrative Officer
19 --- BY _____ Deputy Clerk

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COUNTY OF SANTA CRUZ

DATED: _____

By: _____
Human Resources Agency Administrator

CONTRACTOR

DATED: 4/10 /00

By: 

Contractor's Authorized Representative
Terry Moriarty, Executive Director

Typed Name/Title
Santa Cruz Community Counseling Center

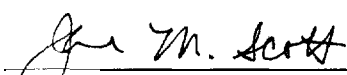
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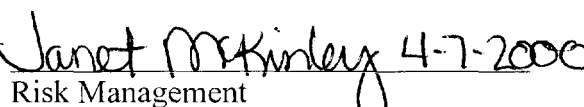
Address
Santa Cruz, CA 96060

City State Zip
(83 1) 469 - 1 700

Phone
23-727290

Tax ID #

APPROVED AS TO FORM:

County Counsel

APPROVED AS TO INSURANCES:
 4-7-2000
Risk Management

Distribution: Auditor-Controller
Contractor

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**EXHIBIT A
FY 1999/2000 BUDGET
Amendment #1**

0168

Agency: Santa Cruz Community Counseling Center

Program: Answers Benefiting Children Project

**Total Approved
County Budget
FY 99/00**

<u>SALARIES/BENEFITS</u>	
Basic Account Codes:	
7000 Salaries Total	57,601
7 100 Employee Health/Retirement	3,823
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TOTAL SALARIES/BENEFITS:	67,038
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SCOPE OF WORK PLAN - FY 99/2000

EXHIBIT B
27

Program: Answers Benefiting Children (ABC)

Agency: Santa Cruz Community Counseling Center

Contractor shall work toward achieving the following goals and accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

COMPONENT 2: GREAT BEGINNINGS

GOAL 2: In accordance with the Santa Cruz County/CalSAHF model described in the County ABC Proposal to OCAP, and consistent with TANF incentive regulations, implement the Family Support Home Visiting program with in-home and center based services designed to support families at risk with children aged 0-5 years, with a primary purpose of supporting the family to ensure the safety and development of the child, and encouraging the formation and maintenance of two-parent families.

OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	EVALUATION OF PROGRESS
<p>Objective 1: Establish a Home Visiting Team that will serve a minimum of 125 (and a maximum of 300) at risk families of children 0-5 years over a 2-year period.</p> <p>Objective 2: Implement intensive Home Visiting services for identified families. (Maintain contact for two years)</p>	<p>1-a: Recruit and train staff and team per model requirements.</p> <p>1-b: Develop guidelines to implement services.</p> <p>1-c: Establish supervision schedule through individual staff sessions and multidisciplinary team meetings.</p> <p>2-a: Ensure development of referral system to identify at risk families.</p> <p>2-b: Ensure development of a systematic intake and assessment process.</p> <p>2-c: Enroll active caseload of 125 families in program services.</p> <p>2-d: Assignment of home visitor and conduct initial visits to complete intake/assessment.</p> <p>2-e: Develop Service Plan for each enrolled family and maintain regular home visitation schedule.</p>	<p>1-a: by 8/1-9/1/1999</p> <p>1-b: by 10/1/1999</p> <p>1-c: by 9/1/1999</p> <p>2-a: by 10/1/1999</p> <p>2-b: by 10/1/1999</p> <p>2-c: by 9/1/2000</p> <p>2-d: Within 10 days of referral, first contact by Home Visitor</p> <p>2-e: Frequency determined by Service Plan (Level)</p>	<p>1-a: Documentation of recruitment, hiring and training. Multidisciplinary team composition is consistent with RFP.</p> <p>1-b: Existence of written guidelines.</p> <p>1-c: Document supervision and team meetings.</p> <p>2-a: Referral protocol on file.</p> <p>2-b: Intake and assessment protocol on file.</p> <p>2-c: Documented by case files.</p> <p>2-d: Documentation of home visits and service plan in client file.</p> <p>2-e: Case/activity records.</p>

N:\vpsudm\in\abcgrant\exhib2a.wpd (amendment # 1)

Initials:

DM / ms

GOAL 2: (Continued)

OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	EVALUATION OF PROGRESS
<p>Objective 3: (a) Team nurse will visit all 125 families at least once; additional visits as required. (b) As needed, families will develop a linkage to a primary health care facility.</p>	<p>3-a: Ensure the establishment of visiting schedule 3-b: Ensure determination of need and facilitate the linkage to a primary health care facility.</p>	<p>3-a: Within 30 days of entry into program. 3-b: Ongoing as needed.</p>	<p>3-a & b: Existence of written plan documentation in case files.</p>
<p>Objective 4: Retain/maintain/replace caseload at minimum of 125 in Year 2.</p>	<p>4-a: Ensure recruitment and enrollment as needed.</p>	<p>4-a: Ongoing</p>	<p>4-a: Client files documenting caseload.</p>
<p>Objective 5: Attend integrated training as provided by OCAP and OCJP.</p>	<p>5-a: Attend integrated Core Training *40 hours - home visitors *16 hours FRC *16 hours Management * 8 hours Data collection and entry *16 hours OCJP program management</p>	<p>5-a: Ongoing during program implementation period. New staff will receive training as available.</p>	<p>5-a: Certified completion</p>
<p>Objective 6: Participate in state-wide Evaluation</p>	<p>6-a: Data collection and reporting</p>	<p>6-a: Ongoing</p>	<p>6-a: Reports from Evaluator</p>

Initials: DR / MS
 CONTRACTOR/COUNTY

SCOPE OF WORK PLAN - PW 99/2000

EXHIBIT 27

Agency: Santa Cruz Community Counseling Center
 Program: Answers Benefiting Children (ABC)
 Contractor shall work toward achieving the following goals and accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

COMPONENT 3: FAMILY RESOURCE CENTER

GOAL 3: In accordance with the Santa Cruz County/CalSAHF model described in the County ABC Proposal to OCAP, and consistent with TANF incentive regulations, implement and/or develop a Family Resource Center to provide center-based services with the purpose of strengthening families and encouraging the formation and maintenance of two-parent families.

OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	EVALUATION OF PROGRESS
Objective 1 : Prepare/secure facility for FRC/ABC and establish operational procedures.	1-a: Identify space/equipment and other needs required for all ABC Program components. 1-b: Prepare facility for program implementation. 1-c: Prepare operational guidelines.	1-a: by 8/1/99 1-b: by 10/1/99 1-c: by 10/1/99	1-a-c: Quarterly Report and site visit by OCAP staff.
Objective 2: Hire FRC staff; develop parent/consumer participation.	2-a: Identify FRC Administrator 2-b: Recruit, hire and train FRC staff. 2-c: Develop guidelines to implement services and assure parent/consumer participation.	2-a: by 8/1/99 2-b: by 9/1/99 2-c: by 10/1/99	2-a-c: Quarterly Report and documentation of staff and guidelines.
Objective 3: Develop center-based services	3-a: Establish structured activities and implement programs in: Parenting Classes Support Groups Children's Groups Child Care Clinical/Case Management Services And, site optional services 3-b: Develop a plan for transportation for program participants. 3-c: Develop a system or ongoing problem solving case coordination which includes improving families' access to community resources.	3-a: by 10/1/1999 3-b: by 10/1/1999 3-c: by 10/1/1999	3-a: Location(s) documented by site visits. Activities documented by sign-in sheets, group progress/process notes. 3-b: Existence of written procedures 3-c: Existence of written plan/staff instructions.
Objective 4: Develop FRC consumer/community based governance/advisory system.	4-a: Identify/train/consult with community members/consumers.	4-a: by 6/2000	4-a: Documentation: attendance, meeting notes.

V:\cpasad\m\kabc\grm\exhib3a\wpd (amendment #1)